



STATE OF CONNECTICUT
DEPARTMENT OF BANKING
CONSUMER CREDIT DIVISION
260 CONSTITUTION PLAZA, HARTFORD, CT 06103-1800



ATTESTATION FORM - APPLICATION FOR DEBT NEGOTIATION LICENSE

I, _____, do hereby swear that the financial statement

dated _____, submitted in connection with the application of
(MM/DD/YYYY)

(Name of Applicant)

for a Debt Negotiation License, is a true, accurate, and complete statement of the financial condition of said applicant to the best of my knowledge and belief.

(Signature)

(Name and Title - Print)

State of _____

County of _____

On this _____ day of _____, 20____, personally appeared

(Name and Title)

to me known, and known by me to be the signer of the foregoing instrument, who being first duly sworn upon oath, deposes and says he/she has read, and knows the contents thereof, and that the alleged facts herein contained are true to his/her knowledge.

(Notary Public)

(Commissioner of the Superior Court)

(My Commission Expires)

NOTE: This application must be signed by a Control Person listed on the Main Office Application